

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/913667** FILING DATE _____
APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	/						51					
2		/					52					
3		/					53					
4		/					54					
5		/					55					
6	/						56					
7	/	/					57					
8		/					58					
9		/					59					
10		/					60					
11		/					61					
12		/					62					
13	/						63					
14		/					64					
15	/						65					
16	/	/					66					
17		/					67					
18	/	/					68					
19		/					69					
20		/					70					
21		/					71					
22		/					72					
23		/					73					
24	/	/					74					
25	/	/					75					
26	/	/					76					
27		/					77					
28		/					78					
29	/	/					79					
30		/					80					
31		/					81					
32	/	/					82					
33	/	/					83					
34	/	/					84					
35		/					85					
36		/					86					
37		/					87					
38		/					88					
39	/	/					89					
40	/	/					90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	10						TOTAL IND.					
TOTAL DEP.	30						TOTAL DEP.					
TOTAL CLAIMS	40						TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS